

APPLICATION FOR LOT SUBDIVISION

Date: _____ APP#(Office Use Only)_____

SUBDIVISION: _____

NUMBER OF LOTS: _____

TAX MAP / GROUP / PARCEL _____|_____|_____

LOT ADDRESS _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

SURVEYOR, CONTRACTOR,
ARCHITECT, ETC. NAME: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

SURVEYOR LIC / REGISTRATION#: _____

LIST EASEMENTS:
